

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3011ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/30/2009
NAME OF PROVIDER OR SUPPLIER TENAYA SURGICAL CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 NORTH TENAYA WAY, SUITE 101 LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure health and life safety code survey conducted in your facility on 6/15/09 and finalized on 6/30/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	A 00	<p>RECEIVED</p> <p>JUL 24 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p>		
A112	<p>NAC 449.9855 PERSONNEL</p> <p>2. Each employee of the center must: (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 7 of 16 employees (Employees #4, 5, 6, 7, 8, 12, and 15) had evidence of a two-step tuberculin skin test or evidence of an X-ray to rule out active disease and 6 of 16 employees (Employees #5, 7, 8, 11,</p>	A112	<p>All employees not having a skin test on file now do so. Those employees with a history of positive PPD have had the Quantiferon Gold Test, with one employee having a follow-up chest x-ray. All employee health files are reviewed on an annual basis, in Jan. Those employees not updating in January will be marked on the calendar, so their annual update will not be missed. This last statement was also added to the Policies and Procedure Manual. (See #A)</p>		7/18/09

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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SMMJ11

TITLE

(X6) DATE

If continuation sheet 1 of 9

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A112	Continued From page 1 13, and 15) did not have evidence of a preemployment physical examination. Severity: 2 Scope: 2	A112	All employee physicals have been completed with the exception of two. Those two employees work seldom, but are both coming back in the end of July/beginning of August. Projected to be complete by 8/10/09. Covered in the Policies & Procedures (#B)	
A114	NAC 449.9855 Personnel 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation: (a) A job description that: (1) Includes the duties and responsibilities of, and the qualifications required for, the position held by the employee. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 7 of 16 employees (Employees # 4, 5, 6, 8, 9, 11, and 12) had a signed copy of their job description in their personnel file. Severity: 1 Scope: 2	A114	All affected employees have filled out signed their job descriptions, with the exception of one. This employee will return to work in August. Projected completion will be 8/10/09	
A122	NAC 449.9865 Medical Staff 4. A roster of the surgical privileges of each member of the medical staff must be kept in the files of the operating room, specifying the privileges accorded him. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to have a roster of surgical privileges for each member of the medical staff in the files of the operating room. Severity 1 Scope 2	A122	A Delianation of Privileges notebook has been placed in a central location in the OR.	6/23/09

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A141	Continued From page 2	A141		
A141	<p>NAC 449.989 Medical Records: Contents</p> <p>The medical record of each patient must be complete, authenticated, accurate and current, and must include the following information: 4. Documentation that the patient has been given a presurgical evaluation conducted by a physician within the 7 days immediately preceding the date of the patient's surgery.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure a presurgical evaluation was conducted by a physician within the 7 days immediately preceding the date of surgery for 1 of 13 patients (Patient #9).</p> <p>Severity: 2 Scope: 1</p>	A141	<p>The History and Physical was present on this patient's chart. The issue was that although the H&P was signed and dated within 7 days, the original H&P was quite a bit older. TSC will no longer accept H&P's that was done more than 7 days prior to the procedure, even if the surgeon writes "no changes", signs & dates it for the day of surgery. The exception would be if the case was cancelled and rescheduled. (#C)</p>	6/23/09
A146	<p>NAC 449.989 Medical Records: Contents</p> <p>The medical record of each patient must be complete, authenticated, accurate and current, and must include the following information: 9. A report of any operation performed on the patient, prepared by the surgeon.</p> <p>This Regulation is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure each medical record included an operative report for 2 of 13 patients (Patients #4 and #13).</p> <p>Severity: 2 Scope: 1</p>	A146	<p>The two charts in question now have signed & dated op reports. Any surgical patient who has had a dictated op report will have their file flagged and not filed until complete. Policy & Procedure has been changed to reflect this. (#D)</p>	
A173	<p>NAC 449.992 Pathological Services</p> <p>3. A list of tissues that do not routinely require microscopic examination must be approved by a pathologist and made available to the laboratory and the members of the medial staff.</p>	A173	<p>Completed. Signed by the Laboratory Director on 6/18/09.</p>	6/18/09

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A173	Continued From page 3 This Regulation is not met as evidenced by: Based on policy review, the facility failed to provide evidence of pathology approval of the exempt specimen list. Severity: 1 Scope: 3	A173			
A174	NAC 449.992 Pathological Services 4. Reports of examinations of tissues must be authenticated by the examining pathologist. The original report must be filed in the medical record of the patient. This Regulation is not met as evidenced by: Based on medical record review and interview the facility failed to ensure pathology reports for examination of tissue was on the medical record for 1 of 13 patients (Patient #4). Severity: 2 Scope: 1	A174	The specimen report in question has been obtained and filed in the patient's chart. The policy has been amended to ensure timely placement of the report. (#E7)	7/17/09	
A234	State and Local Laws NAC 449.9843 Compliance with standards of construction. 4. An ambulatory surgery center shall comply with all applicable: (a) Federal and state laws; (b) Local ordinances, including, without limitations, zoning ordinances; and (c) Life safety, environmental, health, building and fire codes. If there is a difference between state and local requirements, the more stringent requirements apply.	A234			

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A234	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Your facility was surveyed using the National Fire Protection Association (NFPA) 101 Life Safety Code, 2006 edition, Chapter 21 Existing Ambulatory Health Care Occupancies.</p> <p>The following deficiencies were identified:</p> <p>21.3.5 Extinguishment Requirements</p> <p>21.3.5.3 Portable fire extinguishers shall be provided in ambulatory health care facilities in accordance with 9.7.4.1.</p> <p>9.7.4.1 Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10 Standard for Portable Fire Extinguishers</p> <p>4-4 Maintenance</p> <p>4-4.1 Frequency. Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection.</p> <p>Based on record review, the facility failed to maintain their fire extinguishers annually for 1 of 4 fire extinguishers in the facility.</p> <p>The fire extinguisher located in the corridor entering the pre-operative area was dated 3/27/09.</p> <p>Severity: 2 Scope: 2</p>	A234	<p>The facility has, and has had ^{six} seven fire extinguishers throughout the center. (#F)</p> <p>These were inspected and recharged 6/30/09</p> <p>All fire extinguishers shall be inspected and recharged annually. This will be done by marking the calendar for annual inspection each June. A log book shall be initiated for building maintenance to check fire extinguishers on a monthly basis; to ensure they are keeping their charge, placement of tags, kept in their proper places. (#F)</p>	7/1/09	

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Acceptable POE
Robert J. Cain 8/12/09

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A9999 Continued From page 5

A9999 Final Comments

A9999

A9999

Adopted Regulation of the State Board of Health,
LCB file number R096-08:

Section 15: Each program for the prevention and control of infections and communicable diseases must include policies and procedures to prevent exposure to blood-borne and other potentially infectious pathogens, including, without limitation, policies and procedures relating to:

14. The screening for communicable diseases as described in NAC 441A.375 of all employees and of all persons under contract with the ambulatory surgical center who work at the center and have exposure to patients at the center.

Based on credentialing file review, the facility failed to provide evidence of a current annual tuberculin skin test for 9 of 16 physicians. (Physicians #1, 2, 5, 6, 9, 10, 12, 15, and 16)

Section 17:

2. If such instruments, items and equipment are sterilized or disinfected by equipment or cleaning agents at the ambulatory surgical center:

(a) Before an employee or independent contractor may be assigned the responsibility for sterilizing or disinfecting any instrument, item or equipment, the employee or independent contractor must receive training concerning the instructions of the manufacturer of the device or sterilizer for:

(1) Sterilizing and disinfecting the instrument, item or equipment;

(2) The use and maintenance of the sterilizer or disinfecting equipment; and

(3) The agents used to sterilize and disinfect the instrument, item or equipment.

(b) An employee or independent contractor

Tenaya Surgical Center has been diligent in sending out notification letters requiring physicians to submit an updated TB screening status, but ~~it~~ will become more so as evidenced by the attached letter. All credentialing & recredentialing packets will also ~~carry~~ carry a TB status and will be part of the required file. Projected completion date is 8/30/09.

Inservice was given on 7/8/09 by _____ from Steris Corp. Topic was how to use and care for the Steris autoclave. _____ states will have " " contact us re: cleaning liquid. Has

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STREET ADDRESS, CITY, STATE, ZIP CODE

2800 NORTH TENAYA WAY, SUITE 101
LAS VEGAS, NV 89128

06/30/2009

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

**PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)**

(X5)
COMPLETE
DATE

A9999

Continued From page 6

A9999

not yet done so. Plan to have this product
~~no later than 8/1/89~~ Complete
All documentation of training will
be kept in the Inservice Log with a
copy in the individual employee's
file as well. Will do inservice yearly

7/18/09

assigned the responsibility for sterilizing or disinfecting the instrument, item or equipment shall:

- (1) Receive annual training concerning the manufacturer's instructions described in paragraph (a); and
 - (2) Receive training on any new equipment or procedures if there is any change in the equipment or procedures used to sterilize or disinfect an instrument, item or equipment.
- (c) The ambulatory surgical center shall ensure that documentation of all training completed pursuant to this subsection is kept in the file of the employee or independent contractor.

Based on record review and staff interview, the facility failed to train the surgical technician in the use of the STAT/IM 7000 sterilizer and did not provide annual training concerning the manufacturer's instructions for the STAT/IM 5000 or the autoclave.

Section 17:

4. The ambulatory surgical center shall ensure that each employee or independent contractor follows the manufacturer's instructions concerning:

- (d) The operation and maintenance of the sterilizer or the equipment used for high-level disinfection;

Based on review of the manufacturer's instructions, interview with the manufacturer's representative and interview of the lead surgical technician and director of nurses, the facility failed to follow the manufacturer's operating manual for the maintenance of the STAT/IM 5000, STAT/IM 7000 sterilizers and the Steris autoclave.

From Emsar,
(Certified Sci Can Station tech)
give inservice on how to work
and care for both the Station
5000 & Station 7000. Will do
inservice yearly. (#6)

7/10/09

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A9999	Continued From page 8 manufacturer's recommendation the facility failed to ensure the enzymatic cleaning solution was discarded after each use, as per the manufacturer's recommendations. Severity: 2 Scope: 3	A9999	TSC does follow the manufacturer's recommendations regarding the use of the enzymatic cleaner, beginning with the definition of "each use". The manufacturer had initially verbalized the solution was good for 24-48 hours, but when asked to send that in writing the representative had stated he had updated information. That the enzymes start breaking down after 2 hours and the solution is good for 2 hours unless the instrumentation soaking in it is heavily soiled, in which case it needs to be changed right away. (#1)		

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